

Case Number:	CM13-0050729		
Date Assigned:	12/27/2013	Date of Injury:	04/19/2005
Decision Date:	03/21/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/14/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology has a subspecialty Pain Management and is licensed to practice in Georgia. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant is a 41-year-old female presenting with back and leg pain following a work-related injury on April 19, 2005. The pain radiates from the low back to the left leg and hip. The claimant is status post surgically fused L5-S1 level. MRI of the lumbar spine was significant for surgically fused L5-S1, decompression laminectomies L5-S1 and posterior lateral fixation with transpedicular screws and posterior rod instrumentation, as well as interbody spacer device at L5-S1, diffuse disc protrusion with effacement of the thecal sac at L4-5, bilateral neuroforaminal narrowing that he faces the left and right L4 exiting nerve roots more so on left side than right. EMG nerve conduction study performed on January 2, 2013 was normal. The physical exam on June 19, 2013 was significant for lumbar spine range of motion flexion at 50°, extension at 20°, lateral bending on the right 20° as well as on the left 23° with tightness in the lumbar paraspinal musculature. The claimant was diagnosed with lumbar myoligamentous strain rule out L4-5 herniated intervertebral disc, status post L5-S1 360° arthrodesis and internal fixation, with left lower extremity radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Lumbar L4-5 epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back chapter, Pt Post Epidurals.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injections Page(s): 47.

Decision rationale: Lumbar L4-5 epidural steroid injection is not medically necessary. The California MTUS page 47 states "the purpose of epidural steroid injections is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone is no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment, injections should be performed using fluoroscopy, if the ESI is for diagnostic purposes a maximum of 2 injections should be performed. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at one session. In the therapeutic phase repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6-8 weeks, with the general recommendation of no more than 4 blocks per region per year. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. We recommend no more than 2 epidural steroid injections." The claimant's physical exam and electrodiagnostic studies do not corroborate a radiculopathy that would be amenable to an L4-5 epidural steroid injection.

Pre-op CBC: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.brighamandwomans.org/gms/Medical/preopprotocols.aspx .

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Introduction Page(s): 8-11.

Decision rationale: Pre-op CBC is not medically necessary. Test shall not add to a diagnosis or treatment associated with the claimant's work related injury. The claimant was diagnosed lumbar myoligamentous strain rule out L4-5 herniated intervertebral disc, status post L5-S1 360° arthrodesis and internal fixation, with left lower extremity radiculopathy. The requested operative procedure is not medically necessary. Per CA MTUS page 11 "Clinical judgment shall be applied to determine frequency and intensity and "[s]election of treatment must be tailored for the individual case" as stated in the Introduction of these guidelines at page 8;" therefore, the requested test is not medically necessary.

Pre-op SMA7:

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.brighamandwomans.org/gms/Medical/preopprotocols.aspx

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Introduction Page(s): 8-11.

Decision rationale: The Physician Reviewer's decision rationale: Pre-op SMA7 is not medically necessary. Test shall not add to a diagnosis or treatment associated with the claimant's work related injury. The claimant was diagnosed lumbar myoligamentous strain rule out L4-5 herniated intervertebral disc, status post L5-S1 360° arthrodesis and internal fixation, with left lower extremity radiculopathy. The requested operative procedure is not medically necessary. Per CA MTUS page 11 "Clinical judgment shall be applied to determine frequency and intensity and "[s]election of treatment must be tailored for the individual case" as stated in the Introduction of these guidelines at page 8;" therefore, the requested test is not medically necessary.

Pre-op PT/PTT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.brighamandwomans.org/gms/Medical/preopprotocols.aspx .

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Introduction Page(s): 8-11.

Decision rationale: Pre-op Pt/PTT is not medically necessary. Test shall not add to a diagnosis or treatment associated with the claimant's work related injury. The claimant was diagnosed lumbar myoligamentous strain rule out L4-5 herniated intervertebral disc, status post L5-S1 360° arthrodesis and internal fixation, with left lower extremity radiculopathy. The requested operative procedure is not medically necessary. Per CA MTUS page 11 "Clinical judgment shall be applied to determine frequency and intensity and "[s]election of treatment must be tailored for the individual case" as stated in the Introduction of these guidelines at page 8;" therefore, the requested test is not medically necessary

Pre-op urinalysis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.brighamandwomans.org/gms/Medical/preopprotocols.aspx .

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Introduction Page(s): 8-11.

Decision rationale: Pre-op Urinalysis is not medically necessary. Test shall not add to a diagnosis or treatment associated with the claimant's work related injury. The claimant was diagnosed lumbar myoligamentous strain rule out L4-5 herniated intervertebral disc, status post L5-S1 360° arthrodesis and internal fixation, with left lower extremity radiculopathy. The requested operative procedure is not medically necessary. Per CA MTUS page 11 "Clinical judgment shall be applied to determine frequency and intensity and "[s]election of treatment

must be tailored for the individual case" as stated in the Introduction of these guidelines at page 8;" therefore, the requested test is not medically necessary.

Physiotherapy to lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

Decision rationale: Physical therapy is not medically necessary. Page 99 of Ca MTUS states "physical therapy should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. For myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks, neuralgia, neuritis, and radiculitis, unspecified (ICD-9 729.2) 8-10 visits over 4 weeks is recommended. The claimant's medical records notes that 19 months of physical therapy was previously completed. Per Ca MTUS, the specific goals for physical therapy and length time should be documentation. There is lack of this documentation; therefore, the request is not medically necessary.

Internal medicine evaluation for surgical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the primary procedure LESI is not medically necessary, this associated service is not medically necessary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Complaints, Surgical Consideration.

Decision rationale: Internal Medicine Clearance is not medically necessary. Per ODG Patients with comorbid conditions, such as cardiac or respiratory disease, diabetes, or mental illness, may be poor candidates for surgery. Comorbidity should be weighed and discussed carefully with the patient. The provider ordered a lumbar epidural steroid injection without clear nerve root pathology on MRI to corroborate with the physical exam where there was no documentation of a straight leg raise or and EMG nerve conduction study indicative of a lumbar radiculitis. If the claimant has a co-morbid condition that will out-weigh the temporary benefits of the lumbar epidural steroid injection then the procedure should not be performed; therefore, the request is not medically necessary.